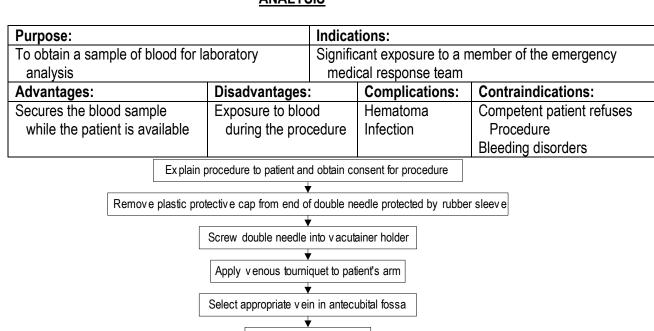
Initial: 9/92

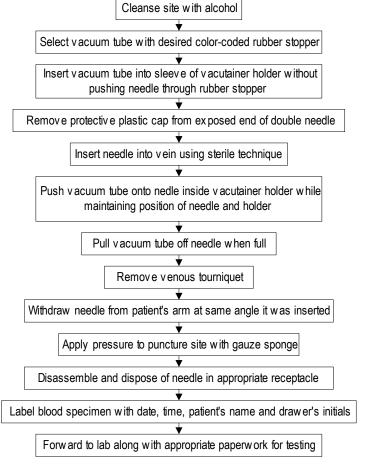
Reviewed/revised: 5/10/00

Revision: 2

MILWAUKEE COUNTY EMS PRACTICAL SKILL BLOOD DRAW FOR ANALYSIS

Approved by:	Ronald Pirrallo, MD, MHSA
Signature:	
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NOTES:

• Some vacutainer needles have an adapter in place of the needle. The adapter attaches to an IV catheter already in place in the vein.

Initial: 5/23/96

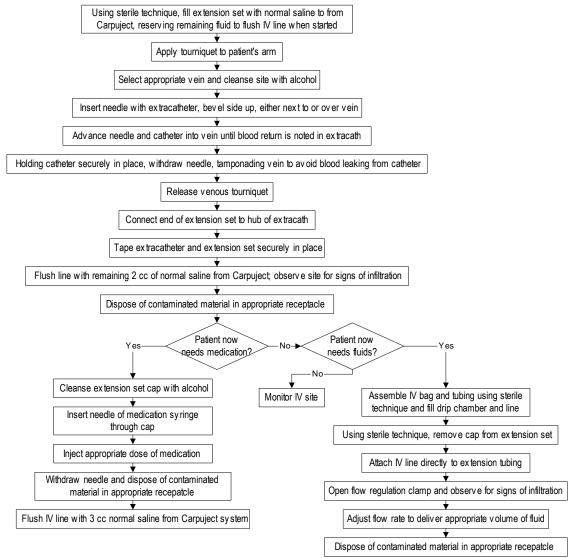
Reviewed/revised: 5/10/00

Revision: 1

MILWAUKEE COUNTY EMS PRACTICAL SKILL CAPPED IV LINES

Approved by:	Ronald Pirrallo, MD, MHSA
Signature:	
Page 1 of 1	

Purpose:		Indications:			
To provide for a precautionary intravenous access line in patients who do not currently need fluid		For a patient who should have IV access available for safety during transport but the patient does not			
replacement or intravenous med			nedication administration		
Advantages:	Disadvantages:	Complications:	Contraindications:		
Provides route for administration	Causes pain	Infiltration	Infection in area of the		
of fluid for volume replacement	during insertion	Infection	insertion		
Provides route for administration of medication		Small clots can form at the end of the catheter and embolize when the line is flushed	Need for fluid resuscitation		



NOTES:

 The vein in the umbilical cord and the external jugular veins may not be used as the site for a capped IV. Initial: 9/21/95 Reviewed/revised: 6/1/05

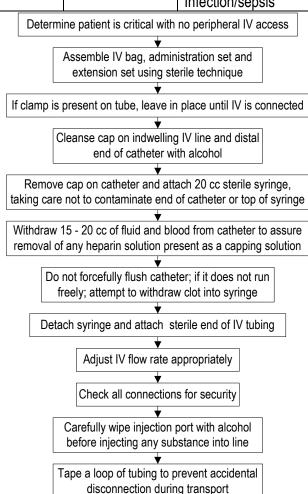
Revision: 2

MILWAUKEE COUNTY EMS
PRACTICAL SKILL
USE OF CENTRAL

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

INDWELLING INTRAVENOUS LINES

Purpose:		Indications:			
To utilize an existing central line for administration of intravenous fluids and medications		May be used in immediate life threatening situations when another site cannot be accessed			
Advantages:	Disadvantages:	Complications:	Contraindications:		
Readily available IV access into central circulation Route for administration of medication and fluids	None	Air embolus Clot formation at end of catheter Heparin overdose if not removed Irritation of heart end of catheter Infection/sepsis	Available peripheral IV site Inability to withdraw fluid from catheter Lack of external catheter site		



NOTES:

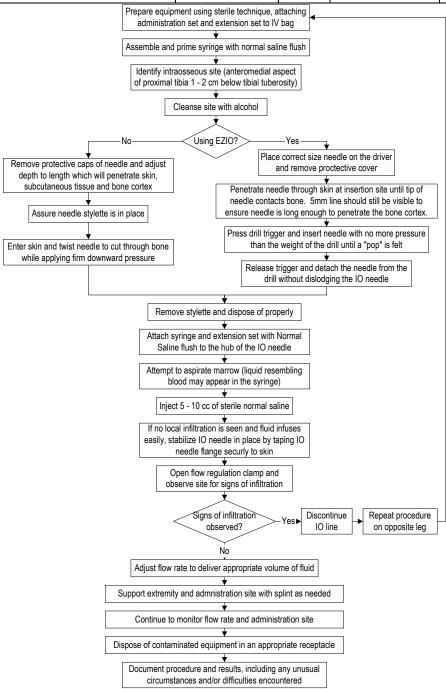
- A dialysis shunt may ONLY be used when the patient is in cardiorespiratory arrest and no peripheral IV site is available. Consider enlisting the expertise of the dialysis nurse, if present.
- Carefully monitor the flow rate of the IV line, as most indwelling catheters have large lumen.
- Air emboli may be drawn in when the patient inhales while the catheter tip is open to the atmosphere.
- Patient may receive a heparin overdose if the solution is not removed prior to starting IV fluid.

Initial: 9/92 Reviewed/revised: 10/10/07 Revision: 3

MILWAUKEE COUNTY EMS PRACTICAL SKILL INTRAOSSEOUS INFUSION

Approved by:	Ronald Pirrallo, MD, MHSA
Signature:	
Page 1 of 1	

Purpose:		Indications:			
To provide access to the bone marrow canal as an alternative to an intravenous line for administration of fluids and medication		An IO line may be established in the cardiopulmonary arrest victim in whom an IV line cannot be established			
Advantages:	Disadvantage	es:	Complications:	Contraindications:	
Provides route for fluid administration	Requires spec	Requires special		Leg fracture	
Provides route for medication	equipment and		Infection	Infection over site	
administration	insertion technique		Tibial fracture	Delay in transport	



NOTE:

• Monitor carefully for infiltration. Extravasation of some medications can cause tissue sloughing.

Initial: 9/92

Reviewed/revised: 5/10/00

Revision: 2

MILWAUKEE COUNTY EMS PRACTICAL SKILL JUGULAR VEIN ACCESS

Approved by: Ronald Pirrallo, MD, MHSA Signature:
Page 1 of 1

Purpose:			Inc	lications:	
To place an extracatheter into the external jugular vein for administration of fluids or medications when a peripheral site is not available		A critically ill patient who requires IV access with no accessible peripheral site			
Advantages:	Disadvantages:	Complications:		Contraindications:	
Route for fluid	Causes pain	Infiltration		Obscured landmarks (trauma, subQ emphysema)	
administration	during insertion	Infection		Cervical collar in place	
Route for medication				Infection in area of insertion	
administration				Delay in transport of critical patients	

Prepare equipment using sterile technique, attaching administration set and extension set to IV bag

Position patient supine with head turned away from vessel to be cannulated

Cleanse injection site with alcohol

Allign needle of extracath, bevel side up, with tip pointing toward torso

Place one finger over external jugular vein just above clavicle and press down lightly until vein is distended

Stabilize vein above puncture site

Puncture vein midway between angle of mandible and clavicle

Advance needle and catheter until blood return is noted in extracath

Holding catheter securely in place, withdraw needle, tamponading vein

Connect extension set to hub of extracatheter

Open flow regulator clamp, monitoring for signs of infiltration

Tape extracath and extension set in place

Dispose of contaminated material in proper receptacle

Initial: 9/92

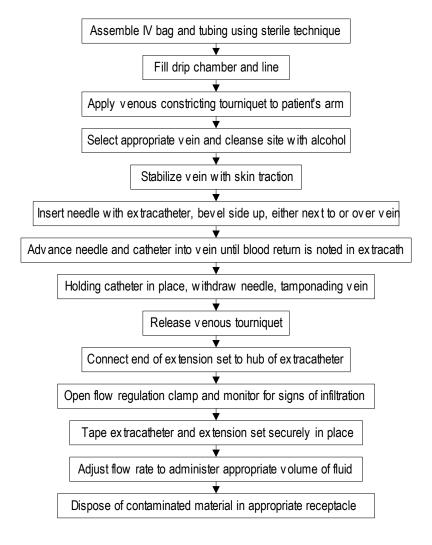
Reviewed/revised: 5/10/00

Revision: 2

MILWAUKEE COUNTY EMS PRACTICAL SKILL PERIPHERAL VENOUS ACCESS

Approved by: Ronald Pirrallo, MD, MHSA Signature:
Page 1 of 1

Purpose:			Indications:		
To provide a route for administration of fluids and medications into the vascular system via a peripheral vein.			An IV may be established in patients who appear acutely ill.		
Advantages:	Disadvantages:	Complications:		Contraindications:	
Provides a route for fluid administration Provides a route for medication administration	Causes pain during insertion	Infiltration Infection		Delay in transporting critical patients Infection at the site of insertion	



NOTES:

- Monitor carefully for infiltration. Extravasation of some medications can cause tissue sloughing.
- Peripheral IVs may be difficult to establish in newborns. The vein in the umbilical cord may be used. There are two small-lumen arteries and one large-lumen vein in the umbilical cord. The insertion point of the extracatheter should be proximal to the cord clamp (between the cord clamp and the infant's abdominal wall).